

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9024  
Registrar's No. 2507

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Marion R. Mann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-07-6319

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha M. Mann 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May 1 - 1898  
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Galatin, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager So. Western Bell, Springfield, Mo.

11. Industry or business William J. Mann

12. Name Blake, Mo.

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Pogue

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. R. Mann

(b) Address Springfield, Mo.

17. (a) burial (b) Date thereof 3-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director P. R. Lepton & Son  
(b) Address #7233 Belmar Blvd.

19. (a) MAR 15 1940 (b) J. P. Bueck  
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Springfield, Mo. NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 769 E. Walnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1940 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 13, 1940, to March 14, 1940, that I last saw him alive on March 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 30 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Anthony D. Ray (M. D. or other) \_\_\_\_\_

Address 3720 Washington Blvd. Date signed 3-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 13 1945

3170 Brookington  
ME - 0870  
1-3 PM

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Don K. Muschany....., Registered Apprentice No. 219  
working under my personal supervision.

Signed Clarence H. Murray.....

Licensed Embalmer No. 4011.....

P. O. Address St. Louis, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.